



## GENERAL PUBLIC

### Suspected Insurance Fraud Information Report

#### INSTRUCTIONS

If you are a concerned citizen who wishes to report suspected insurance fraud, please **PRINT, FILL OUT and MAIL** the below ***Insurance Fraud Information Report*** and provide the following information:

1. Your complete name, home and work telephone numbers and addresses, and any times and place you prefer to be contacted;
2. The addresses and telephone numbers of the person(s) involved if known. Any other identifying information would be helpful, i.e., social security number, license plate numbers, etc.;
3. Where the suspected person(s) work;
4. The name of the insurance company you suspect is being defrauded; and,
5. The date, location and time of the occurrence.
6. Please provide information of each and every detail you can of why you believe insurance fraud has been committed by the above person(s). Are there any other witnesses whom we may contact?

It would be very helpful if you could provide us any documents you have in your possession and/or can obtain which would support your suspicions regarding the above.

**We Cannot Accept** electronic transmissions of the form.

After you have completed your form, please mail (along with documentation) to:

Office of the Attorney General  
Insurance Fraud Unit  
555 E. Washington Avenue, Suite 3900  
Las Vegas, NV 89101

Once again, the Nevada Attorney General's Insurance Fraud Unit thanks you for your concern and cooperation.

Sincere regards,

CATHERINE CORTEZ MASTO  
Attorney General

Date\_\_\_\_\_

**Insurance Fraud Information Report**

Your Name \_\_\_\_\_

Day Phone:\_\_\_\_\_

Your Address \_\_\_\_\_

Cell Phone:\_\_\_\_\_

Fax #:\_\_\_\_\_

Your Place of Employment: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_YES \_\_\_\_\_NO Best time to contact you? \_\_\_\_\_

**Suspect(s) Information**

Complete name of person(s) you suspect is committing insurance fraud: (Please include any nicknames or aliases)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suspect(s) Address: \_\_\_\_\_ Phone #'s \_\_\_\_\_

(Work address) \_\_\_\_\_

Identifying Information such as Social Security Number(s), License Plate(s), Year/Make of Vehicle(s), etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and addresses of other involved persons or persons who can provide additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of insurance company you suspect is being defrauded?\_\_\_\_\_

Comments and details regarding why you feel insurance fraud is being committed? Use reverse side or separate sheet of paper for additional information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking time to complete this form. **PLEASE RETURN THIS FORM TO:**

**INSURANCE FRAUD UNIT  
Office of the Attorney General  
555 E. Washington #3900  
Las Vegas, NV 89101**